



Complete Summary

TITLE

Diagnosis and treatment of chest pain and acute coronary syndrome (ACS): percentage of patients with acute myocardial infarction (AMI) receiving or scheduled for a risk stratifying procedure prior to discharge.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 79 p. [144 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients with acute myocardial infarction (AMI) receiving or scheduled for a risk stratifying procedure prior to discharge.

RATIONALE

The priority aim addressed by this measure is to increase the use of risk stratifying procedures in patients with acute myocardial infarction (AMI).

PRIMARY CLINICAL COMPONENT

Acute myocardial infarction (AMI); risk stratification; echocardiogram; angiogram; stress test (treadmill test)

DENOMINATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

NUMERATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) receiving or scheduled for an echocardiogram, angiogram, or stress test (treadmill test) prior to discharge

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and treatment of chest pain and acute coronary syndrome \(ACS\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults 18 and older diagnosed as having an acute myocardial infarction (AMI)

Plan A: It is suggested that data collection be completed on a real-time basis. This measure references all patients to improve process sensitivity at sites where few patients with AMI are routinely discharged in a given time period.

Plan B: Should real-time data collection present insurmountable institutional obstacles, consider using the following principal diagnosis codes (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM]) for identification of patient records for abstracting:

- Rubric 410 - AMI, with or without first decimal extensions in the set (0,1,2,3,4,5,6,7,8,9); as well as second decimal extensions in the set (0 or 1 only).

Sites may use the AMI patient record included in the guideline as a stand-alone data collection tool (see the related National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICSI] guideline [Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\)](#)). It is recommended that any inpatient collection document used be routed to a central clinical/hospital liaison at the time of patient discharge, and that all routing be independent of the patient medical record. Data collection forms can be forwarded to the medical group for analysis.

Data can be collected weekly or monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute myocardial infarction (AMI) receiving or scheduled

for an echocardiogram, angiogram, or stress test (treadmill test) prior to discharge

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data
Medical record
Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with AMI receiving or scheduled for a risk stratifying procedure prior to discharge.

MEASURE COLLECTION

[Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\) Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 79 p. [144 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with AMI receiving or scheduled for a risk stratifying procedure prior to discharge," is published in "Health Care Guideline: Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome (ACS)." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 25, 2005.

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